

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

18M1/0821

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

☐ Check if additional changes are enclosed

APPLICATION NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/378,939

01/26/95

014

EISENSCHENK, F

1816

08/21/97

First Named
Applicant

CROWE,

JAMES S.

TITLE OF INVENTION PRODUCTION OF ANTIBODIES

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

1

1808-118

435-069.100

079

UTILITY

NO

\$1290.00

11/21/97

\$1320.00

3. Correspondence address change (Complete only if there is a change)

MARY J. WILSON
NIXON & VANDERHYE P.C.
1100 NORTH GLEBE ROAD
ARLINGTON, VA 22201-4714

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 NIXON & VANDERHYE PC

2

3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Glaxo Wellcome Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Research Triangle Park, North Carolina

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Mary J. Wilson (Date)

Mary J. Wilson, #32,955 11-21-97

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Washington, D.C. 20231

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11/12/1997 RJHJHSON 00000032 08378939
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